

RETURN TO

Kentucky Board of Nursing

DT Credentialing Program
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
502-429-3300 or 800-305-2042
Fax: 502-429-3311
Internet: kbn.ky.gov

**APPLICATION FOR
DIALYSIS TECHNICIAN CREDENTIAL**

APPLICATION FEE IS NON-REFUNDABLE

Office Use Only

☐ \$70 ☐ No Money

Should you have questions regarding any section of the application, please contact the Kentucky Board of Nursing (KBN) office. Print clearly, using capital letters and black ink, and darken the appropriate circles.

Section 1: Biographical Data

Using capital letters, clearly print your name, address, and all other information requested. If the name on your application differs from your name on any other documents submitted with this application, you must include a copy of legal name change documentation with this application. You are required to notify the KBN office in writing of any subsequent legal name change and of any address change.

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	M.I.: <input type="text"/>
Maiden Name:	<input type="text"/>	
Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/>
Zip:	<input type="text"/> - <input type="text"/>	County of Residence: <input type="text"/>
Your Daytime Telephone #:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Male: <input type="radio"/> Female: <input type="radio"/>
Your Home Telephone #:	<input type="text"/> - <input type="text"/> - <input type="text"/>	

Section 2: Social Security Numbers and Date of Birth

Social Security #: - - Date of Birth: - -

Section 3: Method of Application

The \$70 fee must be included. The application fee is non-refundable.

Select one of the following by darkening the appropriate circle:

Applying for Initial DT Credential ☐ Applying for Reinstatement of a DT Credential ☐

Section 4: Checklist for Competency Validation

If you are applying for this credential by reinstatement and have been lapsed for more than 2 years, or your training was completed out of state, you must submit the "Checklist for DT Competency Validation" form, which must be completed and signed by your immediate supervisor and notarized.

The checklist has been completed and is attached? Yes ☐ No ☐

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Section 8: Reinstatement of DT Credential

Complete this section ONLY if you are reinstating a previously issued Kentucky DT credential.

Month & Year Your DT Credential Lapsed:

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DT Credential #:

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NOTE: If your credential has lapsed for more than 2 years, you must complete a Board approved training program and submit a certificate of completion. As stated in Section 4, you must also submit a "Checklist for Dialysis Technician Competency Validation" form signed by your immediate supervisor. The form may be obtained from the KBN office.

Section 9: Notary - All Applications Must Be Notarized

Do not sign the application until you are in the presence of a Notary Public. Read this section carefully, as you are held legally accountable for the truthfulness and validity of the information you provide on the application.

I certify that I am the person referred to in the foregoing application for a Dialysis Technician Credential in the Commonwealth of Kentucky; that all statements contained herein and on all attachments are true and correct in every respect; that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

Signature of Applicant

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Subscribed and sworn to before me by (Applicant's Name)

on this date:

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Signature of Notary Public

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State of

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My Commission Expires

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S E A L

Section 10: Photograph

A passport type photograph, taken no more than six months prior to the date the application is notarized, must be submitted with this application. The photo must be attached in the space provided. Print your name on the back of the photo in case the photo should become separated from the application.

**Make check or money order payable to:
Kentucky Board of Nursing**

**FEES ARE NOT REFUNDABLE
AND ARE SUBJECT TO CHANGE**

**If all requirements for credentialing are not met within
the time period required by regulation, a new application
must be submitted with the required fee.**

Passport Photograph

This space to contain a recent passport photograph.

Picture must fit in this area.

Only passport photos will be accepted.

Tape photo in this section.

Print your name on the back of your photo.